



**COMMONWEALTH of VIRGINIA**

**Department of Health**

**Office of Emergency Medical Services**

**1041 Technology Park Drive**

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**Agency Safety Pledge**

As a leader of the organization I recognize the importance of health and safety in the agency and for the providers, including physical and mental well-being. In order to encourage the development of a healthy, safe, and just culture:

- I will support and encourage my provider's safety
- I will support and encourage my providers to wear their PPE
- I will support and encourage safe driving operations
- I will support and encourage seat belt usage, even in the patient compartment
- I will empower my providers to stop unsafe practices
- I will compose and require adherence to a safety plan for my agency

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Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Printed Name

\_\_\_\_\_  
Department